## Nevada Division of Environmental Protection/ Bureau of Air Pollution Control Class II Change of Location Approval Completion of Operations Reporting Form

MAIL TO:	Compliance and Enforcement Bureau of Air Pollution Control	Change of Location Approval #				
OR	123 West Nye Lane Carson City, NV 89706-0851 Fax # (775) 687-6396			Source Name: Under Authorization #: AP Actual Completion Date:		
FAX TO:						
Restriction: Pollution Co change of lo	this Form will comply with the reporting Actual production and hours of operation on the reports will be compiled on a pocation requests until the reports are received or Print Legibly)	on will be submitted with a per location basis. Fai	in 30 days of complet ilure to provide the re	tion of the operation o quired production rep	n the form provided by orts will result in the di	y the Bureau of Air isapproval of future
Unit # (i.e. PF1.001)	Process Description (i.e. Jaw Crusher, Generator)	Air Pollution Controls	Throughput Rates (tons/hr) OR (gal/hr)	Total Throughput at this Location (tons or gals)	Hours Operated at this Location	
					(hrs/ day)	Total (hrs)
If you have any questions on filling out this form call (775) 687-4670, ext. 3063, and ask for Class II Permitting. If you need more room for emission units, use a copy of this form to cover the additional units.			Form <b>must</b> be signed by a <b>Responsible Official or his designee</b> , approved by the Director, pursuant to NAC 445B.156.			
Signed:  Data prepared by (Signature)			I hereby certify that the above information is true and accurate under penalty of perjury: Signed:			
	Data prepared by (Signature)	Responsible Official Signature				
Print Name:			Print Name:			
Date:			Title:			
		Telephone No.:				